

Tobacco – Cessation and Secondhand Smoke

Tobacco use remains the leading cause of preventable death in Colorado and is a major driver of health care costs. Tobacco use kills 4,300 Coloradans each year - more than alcohol or other drug use, suicide, homicide, motor vehicle accidents, fires and AIDS combined. Smoking trends today determine death and disease trends tomorrow.

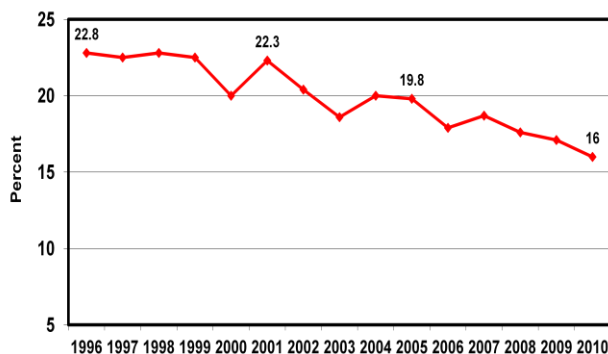
People who use tobacco put themselves and others at risk. There is no safe level of exposure to tobacco smoke. Even an occasional cigarette or exposure to secondhand smoke is harmful. Half of all long-term smokers are killed by smoking-related diseases. For every person who dies from tobacco use, another 20 people suffer with at least one tobacco-related chronic illness.

Why is this important?

Tobacco use and exposure to secondhand smoke can lead to chronic diseases that include lung diseases, cancer, heart disease and stroke. However, when people who smoke quit for good, their health begins to improve immediately. Colorado spends \$1.3 billion on smoking-related health care costs, and Colorado employers lose approximately \$1 billion each year from smoking-related decreases in productivity. Pregnant women who smoke are more likely to deliver babies prematurely or at low birth weight, potentially causing ongoing health problems. Infants exposed to tobacco smoke are at higher risk of Sudden Infant Death Syndrome (SIDS). Children who breathe tobacco smoke are more likely to develop ear infections and lung diseases. They also are more likely to have learning disabilities, behavioral disorders and hearing loss. Also, they are more likely to smoke when they are older.

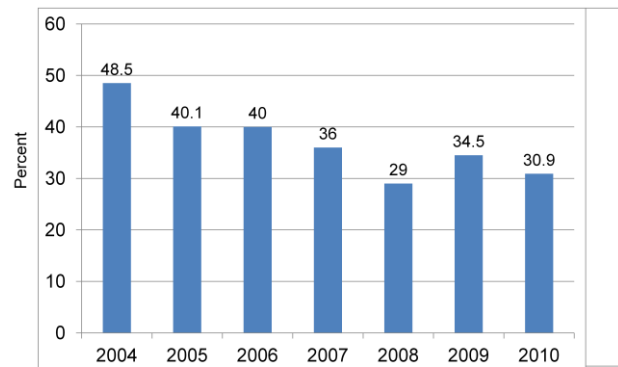
Where are we?

Percent of Colorado adult smokers, 1996-2010



Source: Colorado Behavioral Risk Factor Surveillance System, Colorado Department of Public Health and Environment

Percent of Colorado children ages 1-14 who live with a smoker in the home who are exposed to secondhand tobacco smoke, 2004-2010



Source: Colorado Child Health Survey, Colorado Department of Public Health and Environment

Where do we want to be?

By 2016,

- decrease the percentage of adults who currently smoke to 12 percent;
- decrease the percentage of children who live with a smoker in the home and are exposed to secondhand tobacco smoke to 28 percent.

What is being done?

★ Colorado's 10 Winnable Battles ★

Clean Air Clean Water Infectious Disease Prevention Injury Prevention
Mental Health and Substance Abuse Obesity Oral Health Safe Food Tobacco Unintended Pregnancy

The voter-approved tobacco tax (2005), Colorado Clean Indoor Air Act's public smoking ban (2006), and public health interventions resulted in at least 100,000 fewer Colorado smokers. The Colorado Department of Public Health and Environment is working with state and local, public and private partnerships to eliminate loopholes in current law, expand smoke-free housing options and reduce the illegal sales of tobacco to minors at the local level to reduce tobacco use and related death and disease rates. Current statewide collaborative efforts include

- disseminating information about secondhand smoke and tobacco-free policies;
- developing, expanding and enforcing state and local tobacco-free policies;
- expanding public smoking bans in multiunit housing;
- reducing illegal sales of tobacco to minors;
- increasing availability of and promoting tobacco cessation programs, such as the Colorado QuitLine, and targeting at-risk populations;
- increasing insurance coverage for tobacco cessation interventions and all FDA-approved medications;
- assessing tobacco use trends and evaluating interventions.

Such strategies are recommended by the U.S. Centers for Disease Control and Prevention, partially funded by a voter-approved tobacco tax.

High-risk groups

Socially and economically disadvantaged groups in Colorado carry the greatest burden of tobacco use. At-risk populations are targeted by tobacco industry marketing and experience higher rates of tobacco use, secondhand smoke exposure and obstacles to tobacco-related health care. African-American and low-income individuals remain significantly more exposed to tobacco smoke than other Coloradans of other ethnicities and income levels. One in five Colorado women receiving Medicaid smoked during pregnancy, a much higher proportion than the one in 12 Colorado women who use tobacco while pregnant.

In 2006, Colorado became one of 10 states to receive CDC support to develop a Tobacco Disparities Strategic Plan to target and eliminate tobacco disparities among 10 populations: Hispanics; African-Americans; Native Americans; Asian Americans and Pacific Islanders; people with mental illnesses; people with substance abuse disorders; people with disabilities; people with a low socioeconomic status; spit tobacco users; and gay, lesbian, bisexual, and transgender (GLBT) people.

Underlying causes

There is no safe cigarette and no safe exposure to tobacco smoke. Cigarettes are designed for addiction, with 7,000 chemicals streaming into a smoker's lungs and through the bloodstream to all parts of the body. These poisons damage DNA, which can lead to cancer; damage blood vessels and cause clotting, which can cause heart attacks and strokes; and damage the lungs, which can cause asthma attacks, emphysema and chronic bronchitis. The longer a person smokes, the more damage is caused. Where we live, learn, work and play also contributes to our tobacco use. Low-income and less-educated residents living in communities without cessation assistance, community support or adequate secondhand smoke restrictions bear the greatest burden. The tobacco industry spends approximately \$140 million each year in Colorado and targets those communities with the greatest tobacco burdens.

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